



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
United States Patent and Trademark Office
Address: COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, Virginia 22313-1450
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 3624

| | | | | |
|-----------------------------|---------------------------------------|--------------|------------------------|---|
| SERIAL NUMBER 10/648,825 | FILING DATE 08/27/2003 RULE | CLASS 435 | GROUP ART UNIT 1646 | ATTORNEY DOCKET NO. 1488.131000C/EKS/EJH |
|-----------------------------|---------------------------------------|--------------|------------------------|---|

APPLICANTS

Jian Ni, Germantown, MD;

Reiner L. Gentz, Belo Horizonte, BRAZIL;
Guo-Liang Yu, Berkeley, CA; Craig A. Rosen, Laytonsville, MD;

** CONTINUING DATA *****

ch This appln claims benefit of 60/413,747 09/27/2002
and claims benefit of 60/406,307 08/28/2002
and is a CIP of 09/565,009 05/04/2000 PAT 6,872,568
which claims benefit of 60/148,939 08/13/1999
and claims benefit of 60/133,238 05/07/1999
and claims benefit of 60/132,498 05/04/1999
and is a CIP of 09/042,583 03/17/1998
which claims benefit of 60/054,021 07/29/1997
and claims benefit of 60/040,846 03/17/1997

** FOREIGN APPLICATIONS *****

ch NONE

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 11/18/2003

| | | | | |
|---|----------|---------|--------|-------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR | SHEETS | TOTAL | INDEPENDENT |
| 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | COUNTRY | DRAWING | CLAIMS | CLAIMS |
| Verified and Acknowledged <i>ch</i> Examiner's Signature | MD | 12 | 77 | 3 |

ADDRESS

28730
STERNE, KESSLER, GOLDSTEIN & FOX P.L.L.C.
1100 NEW YORK AVENUE, N.W.
WASHINGTON, DC
20005

TITLE

Death domain containing receptor 5

| | | |
|------------|---|--|
| FILING FEE | FEES: Authority has been given in Paper | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) |
|------------|---|--|